

MANUAL BACKUP FORM – CHILD AND INFANT

WIC Service Provided ☐ NC ☐ RC ☐ RD ☐ F/U ☐ NEi ☐ NE+ ☐ MC ☐ Other

Date WIC Service Provided:

Is the client physically present? ☐ Yes ☐ No

Demographics, Residency and ID Proofs

| | | | | |
|--------------------|--|--|--------|---------------------------------------|
| Client Name: | | Category | Gender | DOB |
| Proof of ID | Hispanic/Latino? <input type="checkbox"/> Yes <input type="checkbox"/> No | Racial Background Racial Background | | <input type="checkbox"/> Foster Child |

If the client is an INFANT choose one of the following:

| |
|--|
| <input type="checkbox"/> The mother of the infant is a family member. Mother's Name: |
| <input type="checkbox"/> The mother of the infant is a WIC participant in a different family. Mother's name: |
| <input type="checkbox"/> The mother of the infant is not a WIC participant. |

| | | | |
|------------------------------|--|---|--|
| Caregiver Name | DOB | Alternate Name | DOB |
| Proof of Caregiver ID | Proof of ID <input type="checkbox"/> Self-Declared <input type="checkbox"/> Proof Pending Proof of Caregiver ID <input type="checkbox"/> Self-Declared <input type="checkbox"/> Proof Pending Proof of Residency <input type="checkbox"/> Self-Declared <input type="checkbox"/> Proof Pending | | |
| Telephone Number | Telephone Notes/Message Telephone | | |
| Cell Phone Number | Carrier | | |
| Email | Receive Appointment Reminders <input type="checkbox"/> Email <input type="checkbox"/> Text (Phone) | | |
| Street Address | City | Zip Code | |
| Mailing Address | City | Zip Code | |
| Proof of Residency | Primary Language | Homeless? <input type="checkbox"/> Yes <input type="checkbox"/> No | Migrant? <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Card Number issued | <input type="checkbox"/> Print Letters in Spanish <input type="checkbox"/> Interpreter | WEB IZ: <input type="checkbox"/> Allowed <input type="checkbox"/> Not Allowed | |

INCOME INFORMATION **Client is Income Eligible** ☐ **Client is not Income Eligible** ☐

| | | |
|---|--|--------------------------|
| Adjunctive Eligibility: <input type="checkbox"/> TANF <input type="checkbox"/> Medicaid <input type="checkbox"/> Food Assistance Program <input type="checkbox"/> FDPIR | | Adjunctive Income Proof: |
| <input type="checkbox"/> Applicant is a member of a family in which there is a pregnant woman who is receiving or participating in Medicaid. <input type="checkbox"/> Applicant is a member of a family in which there is an infant who is receiving or participating in Medicaid. | | |
| # in Household _____ | <input type="checkbox"/> Monthly <input type="checkbox"/> Weekly <input type="checkbox"/> Twice/Month <input type="checkbox"/> Every 2 Weeks <input type="checkbox"/> Annually | |
| Total Household Income \$ | <input type="checkbox"/> Intermittent Income <input type="checkbox"/> Hourly # Hours ____ | |
| Source Description(s): | | |
| Proof of Income | Other Income Eligibility Information <input type="checkbox"/> Self-Declared <input type="checkbox"/> Zero Income <input type="checkbox"/> Proof Pending | |
| Additional Notes | | |

HEALTH INTERVIEW INFORMATION

| | | | |
|---|--|--|--|
| Breastfeeding: <input type="checkbox"/> Exclusively <input type="checkbox"/> Mostly <input type="checkbox"/> Limited <input type="checkbox"/> Stopped <input type="checkbox"/> Never | | Was Mom on WIC During this Pregnancy: <input type="checkbox"/> Not on WIC <input type="checkbox"/> On Kansas WIC <input type="checkbox"/> On WIC, other than KS <input type="checkbox"/> Unknown | |
| Date Breastfeeding Stopped: | | Date Solids Introduced (Child only) | |
| Date Formula/Milk Introduced: | TV/Video Viewing Hours Per Day (Child only): | | |
| Formula Name: | Formula Type: | Formula Consumed per Day: | |
| Household Smoking: <input type="checkbox"/> No one else in household smokes <input type="checkbox"/> Yes, someone else smokes <input type="checkbox"/> Unknown | | | |
| Medical Provider: | | Health Concerns | |
| Medication/Supplement Use <input type="checkbox"/> Vitamins/Minerals <input type="checkbox"/> Iron <input type="checkbox"/> Other | | | |

OTHER DOCUMENTATION

| | |
|---|---|
| Voter Registration: <input type="checkbox"/> Already Registered <input type="checkbox"/> Declined to Answer <input type="checkbox"/> Not Eligible To Vote <input type="checkbox"/> No, Does Not Want to Register <input type="checkbox"/> Yes, Wants to Register | |
| Basic Contact Completed <input type="checkbox"/> Yes <input type="checkbox"/> No | Referrals: <input type="checkbox"/> KanCare <input type="checkbox"/> Food Assistance Program <input type="checkbox"/> TANF <input type="checkbox"/> Child Support Enforcement Other _____ |

MEASUREMENTS

| | | | |
|-------------------|----------------|-----------------|----------------------------|
| Birth Length | Birth Weight | Gestational Age | HGB/HCT |
| Current Length | Current Height | Current Weight | Reason Blood Work Missing: |
| Measurement Notes | | | |

IMMUNIZATIONS

| | | | | |
|----------------------------------|---|---|-----------------------------------|--|
| <input type="checkbox"/> Current | <input type="checkbox"/> Record not available | <input type="checkbox"/> Behind for age | <input type="checkbox"/> Referred | <input type="checkbox"/> Shot Provided |
|----------------------------------|---|---|-----------------------------------|--|

ASSIGNED RISKS

| | |
|--|---|
| Risk | Risk |
| Risk | Risk |
| <input type="checkbox"/> Professional Discretion High Risk | <input type="checkbox"/> Doctor Diagnosed Medical Condition |
| Risk Note: | |

NUTRITION EDUCATION

| | | |
|------------------|-------------------|-----------------------|
| Topics Discussed | Handouts Given | |
| Client Goal | Ways To Meet Goal | Staff Recommendations |
| Notes: | | |

NEXT APPOINTMENT

| | | |
|--|----------------------------------|-----------------------|
| Benefits & Appointment Notice <input type="checkbox"/> Mailed card <input type="checkbox"/> Food Benefit Appt _____ (date) Next Appt Date/Time _____ | Food Package to Assign | Any tailoring needed? |
| Form Completed By: _____ Date _____ | Data entered into KWIC By: _____ | Date _____ |